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## REPORT OF RECEIPTS AND DISRUBSEMENTS

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FORM 3 For An	Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full)  TYPE OR PRIN	Example: If typing, type over the lines.	12FE4M5
Friends of Chris Dodd		
	and to me who are made on our de are and the control of the contro	
I P.O. Box 270		
ADDRESS (number and street)		
Check if different than previously West Hartford	<u>                                     </u>	
than previously reported. (ACC)  West Hartford	1	CT 06127
2. FEC IDENTIFICATION NUMBER ▼	CITY	STATE ZIP CODE A
C C00347310	3. IS THIS 🙀 NEW	STATE ▼ DISTRICT
Care de marie a marie mande marie mande mande de la companya del companya de la companya del companya de la com	3. IS THIS NEW REPORT (N) OR	(A) CT
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  Termination Report (TER)	(b) 12-Day PRE-Election Report for the:  Primary (12P)  Convention (12C)  Election on 11 04  (c) 30-Day POST-Election Report for the General (30G)  Election on 11 11 0 04	General (12G) Runoff (12R)  Special (12S)  in the State of
5. Covering Period 10 01	, 2012 through 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this Report and t	o the best of my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurey Kathryn J. D	amato ) am at assistant tre	osuulmin , Did , Y YYYYY
Signature of Treasurer Karpryn J. Dumard		Date 01 21 2013
NOTE: Submission of false, erroneous, or incomp	lete information may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3 (Revised 02/2003)